

HEALTH CARE ACCESS FOR NON-ENGLISH SPEAKERS

Local Programs and Issues



The United States Conference of Mayors

The United States Conference of Local Health Officers

The United States Conference of Mayors

The United States Conference of Mayors is the official nonpartisan organization of cities with populations of 30,000 or more. There are well over 900 such cities in the country today, each represented in the Conference of Mayors by its chief elected official, the Mayor. The U.S. Conference of Mayors is in its second half-century of service to the Mayors and the citizens of America's principal cities. Throughout its history, the Conference of Mayors has taken the lead in calling national attention to the problems and the potential of urban America. Since its founding it has carried the message of cities to every President, every Congress. This is the heritage of the Conference of Mayors. It is the heritage of every mayor who serves today.

Raymond L. Flynn
President
Mayor of Boston

J. Thomas Cochran
Executive Director

The United States Conference of Local Health Officers

The United States Conference of Local Health Officers, an affiliate of the U.S. Conference of Mayors, represents urban health departments, including city, city-county, and district agencies. Founded in 1960, the U.S. Conference of Local Health Officers promotes the local perspective on national public health policy before Congress, the Administration and various federal agencies. It promotes communications among local health departments and their federal and state counterparts and the exchange of information and ideas among local health officers and provides technical assistance through meetings, conferences, and publications.

Paul Nannis
President, USCLHO
Commissioner of Health
Milwaukee

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Foreword

As the ability of this country to meet the most basic needs of its people is re-assessed, the impact of the dramatic influx of immigrants, particularly in the last decade, has also gained increased media attention. A significant proportion of these individuals have trouble speaking English, come from a multitude of cultural backgrounds, have low incomes (if any), lack health insurance, and along with millions other minorities lack sufficient access to health care. For someone who does not understand English, even the most basic of routine daily tasks can be overwhelming and traumatic when more urgent concerns exist.

At issue is the ability of many programs and practitioners to work with ever growing culturally diverse populations. To truly promote access, medical care must be available in diverse languages and must be provided in culturally competent ways to avoid misinterpretations and possible social offenses that can alienate individuals further away from the public health system.

How the nation's local health departments are responding to the needs of non-English speakers is extremely variable and largely defined by a number of factors:

- the type of structural and financial arrangements within a given jurisdiction (i.e. city, county, city-county, district; urban, suburban or rural);
- the type of public health services traditionally provided, which range from core public health services provided in many localities to extensive direct services available in some areas;
- the diversity of languages spoken, the migration patterns and demographic characteristics of the non-English speaking population; and,
- the history of and experience in providing services to non-English speaking persons.

This report provides an initial assessment of how local health departments are addressing the needs on non-English speakers. It is also intended to facilitate information and networking on the successes and constraints experienced when planning for and implementing multilingual health assistance efforts. We hope its is a useful point of departure in identifying ways to increase access to health care for non-English speaking persons.

J. Thomas Cochran
Executive Director

Paul Nannis
President
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Commissioner of Health
Milwaukee

Sources

The information for this report was derived primarily through a general survey mailed to 566 local health departments in March 1992. The information gathered from this survey was supplemented by telephone interviews with local health department officers and bilingual program directors.

More general information, used to define the issues and problems and to formulate suggested action, was obtained from bibliographic sources, research reports, journal articles and policy statements prepared by leading researchers in the field of minority health.

Acknowledgement

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Special acknowledgement also goes to the members of USCLHO's National Advisory Group for the Multilingual Health Assistance Project, who provided valuable advice on the design of the survey instrument and assisted in its pre-testing. In addition, we wish to thank Dr. Aida Giachello who provided research consultation during the start-up stages of the project and editorial guidance in presenting survey results included in the report, and Raymundo Flores and Jose Arrom for their consultation on this survey project.

Finally, we want to greatly thank the numerous local health department officials and their staff who took their time to complete the survey questionnaire and without whose help this report would not be possible.

Introduction

The public health issues we face today are not simply medical issues. They are social, cultural and political issues that require a broad, but compassionate approach. For the millions of immigrants who have limited or no ability to speak English, access to health care and proper utilization of services is also influenced by the fact that today's immigrants tend to be poorer and with less education.

According to 1990 Census Bureau reports, significant percentages of large urban area residents indicate they are having trouble speaking and understanding English. In New York City, for example, 41 percent of residents age five and older speak a language other than English at home, and nearly half of those said they do not speak English very well. In 1980, 35 percent of New York City residents spoke foreign languages at home.

Other cities report drastic increases in the number of persons born outside the United States who use a language other than English at home. This is particularly the case for cities like Miami, San Antonio, Los Angeles, San Francisco, Boston, Chicago, San Jose, and Houston, among others. Cities in California and Texas, for example, are likely to show large proportions of bilingual families.

The racial/ethnic groups who most often report speaking a language other than English at home are Asians/Pacific Islanders and Hispanics/Latinos. These groups also represent the population groups that increased the most of over the last decade. For example, the Asian/Pacific Islander population increased 95.2 percent from 3.5 million in 1980 to 7.2 million in 1990; and Latinos, 53.1 percent, from 14.6 million in 1980 to 22.3 million in 1990. The Native American population also grew substantially - 27.7 percent, from 1.53 million in 1980 to 1.98 million in 1990. Other racial/ethnic groups (non-specified), many of whom speak a foreign language, also increased dramatically -- by 70 percent, from 5.76 million in 1980 to 9.80 million in 1990.

Health Access Problems

According to the literature on health and mental health, language is a major obstacle to access and the proper utilization of health care services. Access to the most basic of medical services particularly for children, adolescents, and recently arrived immigrants who are among non-English speaking persons, may also be impaired by a number of other factors such as inability to pay for out-of pocket expenses for medical care, lack of transportation, poor knowledge of local health services, and lack of insurance. This is the case particularly for children and adolescents, and recently arrived immigrants.

These circumstances may be further hampered by the shortage of multilingual and multicultural health professionals. Even when health care is accessible to non-English speaking persons, a health provider's lack of knowledge and sensitivity about the culture and health behavior of non-English speaking persons can adversely affect provider-consumer relationships and lead to negative stereotypes. This, in turn, can affect patient follow-up and compliance.

Local health departments play a central role in assuring that health care is accessible and responsive to culturally and linguistically diverse populations. Fulfilling this responsibility requires not only additional financial resources, but knowledge and guidance regarding: 1) types of efforts most effective for given population groups; 2) specific activities health departments can carry out to facilitate the provision of multilingual assistance; and 3) service linkages, systems, structures and policies that can facilitate the implementation and evaluation of such targeted efforts.

The information in this report represents an initial effort to facilitate the process by compiling information on existing multilingual health assistance services among local health departments.

Methodology

The U.S. Conference of Local Health Officers Multilingual Assistance Project issued a nationwide survey during March and April 1992 to assess the status of health care services to non-English speaking populations among 566 local health departments. This information was supplemented by telephone interviews with local health department officers and bilingual program directors.

The initial design of the Multilingual Health Assistance survey was based on a questionnaire for USCLHO's National Minority Health Initiative. To assess the services for non-English speaking persons in local health departments (LHDs), the instrument was re-designed to examine specific activities and practices associated with facilitating access to services and to assess opinion regarding perceived barriers to services and technical assistance needs in this area. The survey was pre-tested in eight LHDs.

For this report, data was coded for 84 variables representing selected closed questions. The analysis was based on a total of 155 surveys from city and county health departments, representing a 27 percent return rate. The data which follows presents responses to survey questions in the following areas:

- Existing Needs Assessments of non-English Speaking Persons;
- Availability of Special Programs and Services for non-English speakers;
- Existing Strategies to Market Services;
- Major Perceived Barriers to Services;
- Existing Policies and Procedures;
- Staffing/Human Resources Patterns and Practices; and
- Local Health Department Needs.

Note: Data reported and used to calculate percentages in this report is comprised of only those LHDs which responded to a particular question, and in no case do percentages reported for a survey question include a LHD which did not respond to that question.

Selected Survey Findings

1. Knowledge of Health Care Needs Among Non-English Speakers

While a majority of local health departments, 77% of 138 LHDs, provided an estimate of the number of non-English speaking persons in their service area, 86% of 153 local health departments indicated they had never conducted a needs assessment of non-English speakers.

Have Not Conducted Needs Assessments	86%
Have Conducted Needs Assessments	14%

2. Health Programs Targeting Non-English Speakers

LHDs were asked to select from a list of services they provide, those which target non-English speaking groups. Targeted services were defined as those clinical/personal services that are developed and delivered according to the language needs or other characteristics of the ethnic/racial group for which the service is intended.

Of the health care services offered by local health departments those most often targeted to non-English speakers were: tuberculosis screening (54%, n=105); immunizations (49%, n=108); perinatal services (42%, n=104); and adolescent health (35%, n=96).

3. Perceived Barriers to Services

Respondents were asked to indicate whether or not, in their opinion, non-English speaking clients are taking full advantage of their services; and, if not, to indicate why.

Of 145 local health departments responding, 51% said they do not know if non-English speaking clients are taking full advantage of their services; 26% indicated clients are not taking full advantage of services and 23% responded affirmatively. Respondents were also asked to select among a series of reasons clients were not taking full advantage of services.

Of the local health departments reporting that clients are not taking full advantage of services, (n=38) the following reasons were most often cited as barriers:

Lack of Transportation	74%
Clients Do Not Understand Prevention	74%
Clients Do Not Know About Services or Programs	71%
Language	68%
Inadequate Funding	61%

4. Targeting Mechanisms for Reaching Non-English Speakers

LHDs were asked to indicate if they utilized 16 given targeting mechanisms and, if so, to assess the perceived degree of success. The following mechanisms are ranked by utilization rates of responding LHDs. The corresponding percentages of LHDs who perceived the mechanism to be successful are provided as well.

	% LHDs Using Mechanism	% LHDs Perceive Mech. Successful
Establishing Referral Network With Other Providers	87% (n=132)	74% (n=107)
Providing Services To Those Without Insurance	84% (n=129)	70% (n=97)
Providing Free Services	83% (n=134)	70% (n=103)
Providing Services On A Sliding Scale Fee Basis	76% (n=130)	66% (n=90)
Facilitating Medicaid Eligibility Process	74% (n=130)	69% (n=89)
Establishing Linkages With Medicaid Workers	73% (n=129)	72% (n=88)
Providing Services At Convenient Hours	70% (n=130)	66% (n=82)
Health Ed. Targeted to Beh., Soc., Cult., & Eth. Variables	69% (n=130)	59% (n=87)
Providing Services In Strategic Geographic Locations	67% (n=131)	63% (n=84)
Recruiting Diverse Cultural Staff	66% (n=127)	49% (n=79)
Recruiting Bilingual Staff	64% (n=126)	57% (n=76)
Outreach Efforts To Inform NES About Services	63% (n=133)	65% (n=83)
Cross-Cultural Training For Health Professionals	59% (n=127)	47% (n=70)
Marketing/Media Campaigns	51% (n=127)	69% (n=61)
Integrating Neighborhood Health Workers Into Services	32% (n=124)	46% (n=37)

5. Marketing of Services

Forty-eight percent (48%) of the 146 LHDs responding to the question indicated they undertake specific efforts to market their services to those who do not speak English; of those that do (n=71), the following marketing methods were identified:

Attendance to Community Activities	85%
Health Fairs	83%
Use Language Appropriate Flyers	77%
Outreach to Community Leaders	65%
Membership in Local Organizations	65%
Use of Radio	51%
Sponsorship of Community Events	45%
Use of T.V.	32%
Use of Foreign Language Newspapers	34%
Other Mechanisms	17%

Hotlines

Very few, only 34% out of 144 LHDs reported to have a health information hotline. And of those that do, 45% indicated it was staffed in more than one language (n=49).

6. Policies and Procedures

Policies

LHDs were asked if they have existing policies that deal with clients that do not speak English. Of the 146 responding LHDs:

Have policies and procedures	53%
Do not have policies and procedures	43%
Don't Know	4%

Service Hours Availability

LHDs were asked to indicate whether they open evening hours and/or on weekends:

Have Evening Service Hours	46% (n=147)
Open Saturdays	12% (n=148)

Annual, Long Range or Strategic Plans with Specific Objectives for non-English Speaking Populations

LHDs were asked if they had any annual, long range plans, or strategic plans with specific objectives for non-English speaking populations. Of the 147 responding LHDs:

Have Plans	26%
Do Not Have Plans	64%
Don't Know	10%

Minority/Ethnic Affairs Advisory Committees

Most responding local health departments, 82 percent of 142, do not have Minority/Ethnic Affairs Advisory Committees.

Have Internal Minority/Ethnic Affairs Committees	17%
Do Not have Internal Minority/Ethnic Affairs Committees	82%
Don't Know	1%

7. Staffing/Human Resources Patterns and Practices

Recruitment of Bilingual Staff

Sixty percent (60%) of 119 responding LHDs reported they encounter difficulties in recruiting qualified bilingual and bilingual/bicultural staff while 37% said they do not encounter any difficulties. Three percent did not know.

8. Most Important Services Needed to Assist Local Health Departments in Providing Better Services to Non-English Speaking Populations

Local health departments were asked to rank in order of importance the areas in which they would like to receive assistance to better serve non-English speaking populations. The following areas were ranked as "very important" areas of assistance for LHDs:

Information on Health Status of non-English Speaking Persons	54% (n=87)
Assistance on Making Programs more Accessible and Acceptable to non-English Speakers	46% (n=91)
Assistant in the Identification and Recruitment of Bilingual Staff.	44% (n=89)
Assistance with Outreach and Marketing Efforts	43% (n=87)
Assistance on How to Make Policies/Programs more Culturally Sensitive.	39% (n=84)

9. Local Programs

Twenty-nine (29) local health departments responded to our request to submit descriptions of existing programs they considered successful and potential models for replication. Some provided information on all their activities aimed at facilitating access, while others provided single program information. Due to the scope of compiling an inventory of local language assistance programs, these descriptions reflect only a partial sampling of the types of activities being implemented.

Based on our review, each of the programs listed can be classified according to the following characteristics that may include portions shared in each program:

- Language assistance components integrated into services designed exclusively for refugees and/or migrant workers (i.e. Raleigh, NC; Chicago, IL; Miami, FL);
- Services to non-English speakers available through specific programs, such as HIV/AIDS prevention, Maternal and Child Health programs, perinatal services, and substance abuse programs, which rely on the recruitment of bilingual personnel to meet their language assistance needs (i.e. Boston, MA; Houston, TX; Santa Clara,CA)
- Programs which rely heavily on the use of language banks/interpreter services (i.e., New York, NY; Seattle, WA); and
- Programs primarily with cultural sensitivity training components and focused on the development of and marketing of health education information and materials (i.e. New York, San Francisco).

Conclusions and Recommendations

Data submitted by 155 local health departments (LHDs) show that while LHDs are aware of the need to increase health care access for language minorities, there is limited knowledge and experience in addressing specific problems encountered by non-English speakers and limited mechanisms in place to meet the growing demand. Particular constraints are evident in the lack of needs assessments conducted among non-English speakers, limited marketing efforts, and the difficulties reported in recruiting bilingual and bilingual/bicultural staff.

The development of adequate efforts to reach non-English speaking persons will require the specific allocation of resources and the planning and design of targeted strategies. Given that our cities are already bearing the brunt of other health crises such as: high infant mortality, HIV/AIDS and other sexually transmitted diseases; substance abuse, and tuberculosis this is unlikely to happen without the strong will and commitment of local health officers and direct local support from the federal government.

Future federal strategies directed to assist local health departments in establishing or expanding comprehensive programs of multilingual health access assistance programs can yield substantial benefits for an already underserved population. It is equally important that sufficient resources are provided for cross-cultural training to increase cultural competence among local health care providers, program evaluation and for technical support for the development and replication of successful programs.

At the local level such a comprehensive strategy might involve:

1. Ongoing assessments of the problems and gaps in services for non-English speaking persons, including an assessment of the level of qualified bilingual/bicultural staffing, and analysis of site locations where these are most needed;
2. Assessments of internal service delivery policies such as appointment systems and walk-in policies and protocol for the use of interpreters, among others.
3. Implementation of specific and coordinated strategies to recruit and retain bilingual and bicultural health professionals within a local health department, hospitals and with other community health and social service providers.
4. In-service and cultural awareness training;
5. Community participation through advisory boards to different health facilities as well as at departmental policy making levels;
6. Aggressive marketing for services through the various media channels, and also through the use of outreach workers;
7. Design of community health education efforts that also employ the use of non-traditional methods to facilitate informal communication with the community and its leaders; and
8. Interaction and formal linkages with other community agencies, including but not limited to community based organizations, community health centers, public schools, public housing projects and other non-profit organizations aimed at facilitating the utilization of direct and support services.

**LOCAL HEALTH DEPARTMENT
MULTILINGUAL HEALTH ASSISTANCE PROGRAMS**

ARLINGTON, VA:**Bilingual Dental Services; HIV Education Outreach; Maternal Child Health Outreach**

Program Sponsor:	Arlington County Department of Human Services AIDS/STD Bureau 1800 North Edison Street Arlington, VA 22207
Target Populations:	Hispanics and Southeast Asians
Languages:	Spanish and Vietnamese
City Demographics:	6.8 Asian/Pacific Islander, 13.5% Hispanic, 0.3% Native American, and 23.4% total minority
Year Established:	1989
Contact Persons:	David Kelly (703) 358-5175 (HIV Outreach) Martin Less (703) 358-5027 (Bilingual Dental) Sue Adams (703) 358-5691 (MCH Outreach)

Activities and Services:

Three programs address the multilingual health needs of Arlington County residents. The HIV/AIDS Education Outreach Program provides HIV education to the Hispanic and Asian communities through culturally sensitive presentations at church socials, community centers, County health clinics, Driving While Intoxicated classes, English classes, health fairs, and recreation and sporting events. HIV education is conducted by two community based organizations (CBOs): SALUD, Inc. and the Indochinese Community Center. Both groups and the Arlington County Department of Human Services collaborate on outreach activities to other minority populations. The project, which serves approximately 9,000 persons per year, is funded by a Centers for Disease Control Center (CDC) grant that is administered through the State Health Department.

The Bilingual Dental Services program provides dental care to financially disadvantaged children and senior citizens not served by a regular dental care program.

Maternal & Child Health Services is an outreach program which also provides Spanish interpretation in clinics and to homebound clients visited by public health nurses.

BOSTON, MA:

Healthy Baby Program; Health Education Training Center (HETC); Hispanic Counselor Training Program; Mayor's Health Line

Program Sponsor:	Division of Public Health, Addiction Services Department of Health & Hospitals 1010 Massachusetts Avenue Boston, MA 02118
Target Populations:	All Non-English Speaking Populations
Languages:	Haitian/Creole, Spanish, Vietnamese, others
City Demographics:	5.3% Asian/Pacific Islander, 10.8% Hispanic 0.3% Native American, and 37.2% total minority
Year Established:	Mayor's Health Line 1986
Contact Person:	Tom Scott (617) 534-5176 Counselor Training Beverley Russell (617) 534-5395 HETC

Activities and Services:

Services are available for multilingual minorities in 4 major programs: the Health Baby Program, the Health Education and Training Center programs, the Hispanic Counselor Training Program, and the Mayor's Health Line (and Teen Line). The Health Baby Program is designed to promote positive birth outcomes through education and counseling for pregnant women.

The Health Education Training Center's (HETC) mission is to enhance the professional skills of health & outreach educators through certified training in diverse public health skills. The training concentrates on the utilization of culturally appropriate methods and strategies for health education outreach. Workshops are offered at HETC in the following areas: Substance Abuse, Violence, AIDS/HIV, Perinatal Health, Urban Adolescent, and Developing Health Education Materials.

The Hispanic Counselor Training Program is an effort to expand the pool of Hispanic workers with knowledge about substance abuse treatment provides comprehensive clinical training for bilingual counselors from agencies in eastern Massachusetts. The program annually selects and trains up to 16 trainees. Outreach is conducted through an extensive mailing list of Hispanic agencies in the state.

The Mayor's and Teen Health Lines provide health information and referrals to services for bilingual clients.

BOULDER, CO:**Community Prevention Project**

Program Sponsor:	Boulder County Health Department 3450 Broadway Boulder, CO 80304
Target Populations:	Hispanics
Languages:	Spanish
City Demographics:	3.9% Asian/Pacific Islander, 4.8% Hispanic 0.5% Native American, and 7.5% total minority
Year Established:	1990
Contact Person:	Brian Renton (303) 441-1137

Activities and Services:

The Boulder Community Prevention Project operates from the Alcohol Recovery Center which is part of the local health department's substance abuse program. The Project focuses on providing information and preventive education on substance abuse and training facilitators to operate their own support-education groups.

Activities combine martial arts and other athletic activities with unique cultural identity affirmation to promote group bonding, self-discipline, and self-esteem. Additional substance abuse-prevention guidance such as family networking groups is available. Preventive education messages are delivered in both English and Spanish.

The Project serves approximately 100-150 clients per year in the city of Boulder and its adjoining areas of Longmont and Lafayette. The program is based on the community empowerment approach that seeks to eventually allow the participants to undertake the program.

CAMDEN, NJ:**The Camden County Communicable
Disease Clinic**

Program Sponsor:	Camden County Health Department 1800 Pavilion West 2101 Ferry Ave. Camden, NJ 08104
Target Populations:	Hispanics, Asians, and all county residents
Languages:	Korean, Spanish, and Vietnamese
City Demographics:	1.3% Asian/Pacific Islander, 31.2% Hispanic 0.4% Native American, and 81% total minority
Year Established:	N/A
Contact Person:	Anna Marie Martelli (609) 757-8600

Activities and Services:

The Camden County Communicable Disease Clinic is a community based unit of the public health department. The Clinic provides bilingual services consisting of screening and treatment for TB, STDs, and HIV counseling and testing. Health education is considered an important component and is provided on a regular basis.

Other available services include outreach, testing, and follow-up conducted by field representatives that arrange for referrals to the Clinic where interpretation services are also available. Home visits are conducted when needed. Plans include outreach to homeless population and skin testing in the county jail system.

CHICAGO, IL:**Refugee Health Support Service Program**

Program Sponsor:	Chicago Department of Health Uptown Neighborhood Health Center 845 West Wilson Chicago, IL 60640
Target Populations:	Refugees (East Europeans, Ethiopians, Haitians, Hispanics, Middle East, and Southeast Asian Refugees)
Languages:	Over 32 languages, with Southeast Asian, Polish, Russian, Rumanian, and Middle Eastern languages accounting for the greatest service usage
City Demographics:	3.7% Asian/Pacific Islander, 19.6% Hispanic 0.3% Native American, and 54.6% total minority
Year Established:	1982
Contact Person:	Joan High (312) 744-4281 Refugee Program Esther Ciammarella (312) 744-4367 CHH Coalition

Activities and Services:

The Refugee Health Support Service Program serves as a point of entry into the public health system for refugees. The bulk of the services consist of initial health screening to incoming refugees, and support services through translation personnel. Continual services are delivered at a local health center once clients become established and in emergency situations where required.

The Program is partly staffed by members of the ethnic groups receiving services. Periodic staff training is conducted on various subjects depending upon the necessity. The Program has provided services to approximately 25,000 over the past 11 years.

COLUMBUS, OH:**Refugee Health Program**

Program Sponsor:	Columbus Health Department 181 South Washington Blvd. Columbus, OH 43215
Target Populations:	All Refugees (SE Asian and Eastern European)
Languages:	Cambodian, Laotian, Russian, Polish, Vietnamese, and other Eastern European Languages
City Demographics:	2.4% Asian/Pacific Islander, 1.1% Hispanic 0.2% Native American, and 25.6% total minority
Year Established:	1980
Contact Person:	Ron Ryles (614) 645-7649

Activities and Services:

The main focus of the Refugee Health Program is on outreach and initial health screening services for incoming refugees. Arriving refugees are contacted through interpreters and scheduled for appointments within 30 days. Transportation is provided for clients as needed. All refugees receive health education and information, translation, and follow-up from Medical Interpreter Escorts. In addition, a TB Clinic with multilingual capacity is accessible to the refugees.

A referral network with community physicians and a follow-up system is also in place. The program currently provides services to approximately 225 refugees per year.

DENVER, CO:**Refugee Screening Program**

Program Sponsor:	Denver Department of Public Health Department of Health & Hospitals 605 Bannock Street Denver, CO 80204
Target Populations:	Refugees (Southeast Asian, East European, and Russian)
City Demographics:	2.4% Asian/Pacific Islander, 23% Hispanic 1.2% Native American, and 77.9% total minority
Languages:	Vietnamese, Hmong, Lao, Russian, and other East European
Year Established:	1980
Contact Person:	B.J. Catlin (303) 436-7260

Activities and Services:

Serving approximately 1000 refugees, the Refugee Screening Program in Denver provides initial health screening services for incoming refugees and follow-up for TB and other medical problems.

Newly arriving refugees are contacted and scheduled for an appointment within 30 days. Ethnic staff interpreters, fluent in the language of the specific refugee group make the initial contacts, handle interpretation, and provide follow-up. All refugees receive health education and information. Transportation is provided for the TB program only.

In addition, the program relies heavily on outreach efforts to contact refugees and maintains a strong referral network with community physicians.

DETROIT, MI:

**Community Health & Social Services
Center; Refugee Screening Center**

Program Sponsor:	Detroit Department of Health 1151 Taylor Street Detroit, MI 48202
Target Populations:	Hispanics, Arabs, and Refugees
Languages:	Spanish, Arabic, Polish, Russian, Rumanian, and Southeast Asian languages
City Demographics:	0.8% Asian/Pacific Islander, 2.8% Hispanic, 0.5% Arab, 0.4% Native American, and 79.3% total minority
Year Established:	1971 CHASS 1985 Refugee Program
Contact Person:	Ricardo Guzman (313) 849-4447 CHASS Olivie Ramsey (313) 876-4007 Refugee Program

Activities and Services:

The Community Health & Social Services Center (CHASS) was founded in 1971 to address 3 main barriers to health care in Southwest Detroit: language, transportation and cost. CHASS functions as a comprehensive primary health center providing physician services -- contracted through Henry Ford Hospital -- in the areas of Obstetrics, Family Planning, Pediatric/Adolescent Medicine, and Adult/Internal Medicine. Counseling, health education, and other medical support services are also available. To eliminate the language barrier among monolingual clients, CHASS has employed bilingual (English/Spanish and English/Arabic) and bicultural staff.

The Refugee Screening Center provides health screening services to southeast Asians, Russian, Middle Eastern, and Eastern European refugee groups. The Center also provides resettlement assistance and advocates for health care insurance coverage. Outreach is conducted for "at risk" Material and Child Health clients. The refugee program is funded by the Michigan Department of Public Health and the Centers for Disease Control.

FORT WORTH, TX:

TB Control

Program Sponsor:

Fort Worth-Tarrant County
Department of Public Health
1800 University Drive
Fort Worth, TX 76107

Target Populations:

General Public and Southeast Asians, Hispanics,
and Russians

City Demographics:

2% Asian/Pacific Islander, 19.5% Hispanic
0.4% Native American, and 36.2% total minority

Languages:

Vietnamese, Russian, and Spanish

Year Established:

1974

Contact Person:

Gerry Burgess (817) 871-7259

Activities and Services:

The purpose of the Fort Worth TB Control program is to assist persons who have TB (and/or Hansen's). The program serves a broad metropolitan area with a large bilingual and refugee population. Community Service Aides and RNs provide bilingual outreach and home visits when necessary. The program also includes a public health investigator who travels into a local area after being alerted through a report of a positive sputum test by a local hospital, lab, or doctor.

Daily observed therapy is provided by the outreach workers and RNs which consists of watching clients take the appropriate medication to the completion of the adequate number of doses. All treatment is provided free of charge by local health departments funded by the state of Texas.

FRESNO, CA:

Local Health Clinics; Refugee Screening Program

Program Sponsor:	Fresno County Health Department P.O. Box 11867 Fresno, CA 93775
Target Populations:	Hispanics and Refugees (Hmong, Laotian, Cambodian, and Vietnamese)
Languages:	Hmong and Laotian
City Demographics:	12.5% Asian/Pacific Islander, 29.9% Hispanic 1.1% Native American, and 40.8% total minority
Year Established:	1981
Contact Person:	N/A

Activities and Services:

Fresno has the highest concentration of Hmong refugees outside of Laos. Every new arriving refugee is contacted and scheduled for appointment within 30 days. Native interpreters, fluent in Hmong and Laotian, make the introductory contacts with the refugees and provide succeeding follow-up. Transportation to appointments is provided as needed. Initial health screening services and health education are provided to incoming refugees. Medical records from resettlement camps are utilized to review earlier screening for TB, Hepatitis and internal parasites. A referral and follow-up system are in place.

The program relies heavily on outreach efforts to contact refugees and maintains a strong referral network with community physicians. Public health nurses have access to interpreters and conduct home visits. Many of the local health department clinics are staffed by bilingual Spanish/English personnel who service a significant number of local Hispanics.

GRAND RAPIDS, MI:**Refugee Health Service**

Program Sponsor:	Kent County Health Department 700 Fuller, N.E. Grand Rapids, MI 49503
Target Populations:	Refugees (Southeast Asian, Easter European, & Ethiopian)
Languages:	Southeast Asian, Easter European, and Ethiopian
City Demographics:	1.1% Asian/Pacific Islander, 5% Hispanic 0.8% Native American, and 23.6% total minority
Year Establshed:	1984
Contact Person:	Dr. Hugh Stallworth (209) 445-3200

Activities and Services:

The Refugee Health Service provides outreach for initial health screening services to incoming refugees. New refugees are contacted and scheduled for an appointment within 30 days. All refugees receive health education and information. Interpreters, fluent in refugee languages, make the initial contacts with the refugees and conduct follow-up. Transportation is provided as needed.

The program conducts outreach to contact refugees and maintains a strong referral network with local community physicians. Approximately 428 refugees were served in 1991.

HOUSTON, TX:

Bridging The Gap: A Multilingual Program

Program Sponsor:	Houston Department of Health & Human Services 8000 N. Stadium Drive, 8th Floor Houston, TX 77054
Target Populations:	Hispanics
Languages:	Spanish
City Demographics:	4.1% Asian/Pacific Islander, 27.6% Hispanic 0.3% Native American, and 47.3% total minority
Year Established:	1992
Contact Person:	Lauri Andress, MPH (713) 794-9311

Activities and Services:

Bilingual health services are wide-ranging and primarily integrated into the health care system through the recruitment and hiring of bilingual personnel. There are eight (8) health centers in the city that have bilingual (Spanish/English) personnel available.

Additional services include a Spanish Speakers Bureau which is available to the Hispanic community and news media for interviews and presentations. A Spanish Hotline is available for information on birth and death certificates, general health and human services, immunizations, and AIDS.

A Multilingual Advisory Group provides oversight and technical assistance on the issues and needs.

LA CROSSE, WI:

Indochinese Screening Clinic

Program Sponsor:	La Crosse County Health Department 1707 Main Street La Crosse, WI 53710
Target Populations:	Hmong
Languages:	Hmong
City Demographics:	4.9% Asian/Pacific Islander, 0.9% Hispanic 0.4% Native American, and 6.8% total minority
Year Establshed:	1984
Contact Person:	Sister Leclare Beres, MSN (608) 785-0940 x2893 Edie Siple (608) 785-9723 Mary Krenzke (608) 785-9723

Activities and Services:

La Crosse has been established by the federal government as a settlement city for primary refugees. The primary focus of the Indochinese Screening Clinic is to provide initial screening and immunizations to refugees through the joint venture between the St. Francis Medical Center, the La Crosse County Health Department, and the Hmong Mutual Assistance Association.

Ongoing services also include general health assessments, testing adult and child immunizations, pregnancy testing, and assistance on access to the health care system. Clients are referred to physicians and dentists of their choice. The Clinic's goal is to help the refugees become assimilated into the "regular" health care system.

The La Crosse County Health Department receives funding from the Refugee Assistance Program and the Maternal and Child Health Block Grant to provide health screening for hepatitis, tuberculosis, parasites, and diabetes.

LONG BEACH, CA: Bilingual Prenatal Outreach, Perinatal Access Care; Breastfeeding Enhancement; Gateway Clinic; Tobacco Education/Prevention Program

Program Sponsor:	City of Long Beach Department of Public Health 2655 Pine Ave. Long Beach, CA 90806
Target Populations:	Cambodian, Hispanics, Lao, and Vietnamese
Languages:	Cambodian, Lao, Spanish, Vietnamese
City Demographics:	13.6% Asian/Pacific Islander, 23.6% Hispanic 0.6% Native American, and 41.6% total minority
Year Established:	1982 Gateway Clinic 1991 Perinatal, Breastfeeding, Tobacco 1992 Bilingual Prenatal Outreach
Contact Person:	Jan Brady (310) 427-7421 x4209 (Gateway Clinic, Perinatal and Prenatal Programs) Iris Schutz (310) 435-3404 (Breastfeeding) Judy Ross (310) 983-1893 (Tobacco)

Activities and Services:

A variety of bilingual services, mostly focused around the needs of children and pregnant women are available in Long Beach. Both the prenatal and perinatal programs involve bilingual community health workers that counsel Latina women and assist outstationed eligibility workers from Los Angeles County. The Bilingual Prenatal Outreach program works with a Latino Advisory Committee while the Perinatal Care Access program has a Community Advisory Group.

The Breastfeeding Enhancement project is designed around the use of informational materials and protocols to ensure that all clients have been encouraged to breastfeed and contacted after her baby is born. The Gateway Clinic, a cooperative project of the Long Beach Unified School District and the Long Beach Department of Health and Human Services, serves as a central "one stop health services center." The Clinic's services include school health exams, immunizations, and TB testing, and they are delivered in Spanish, Cambodian, Vietnamese, Lao, and Tagalog. The Tobacco Education/Prevention (smoking cessation) Program is targeted to Cambodian and Spanish speaking audiences.

In addition, bilingual health education videos are available in the following subject areas: nutrition, smoking cessation, and Hepatitis B.

LOS ANGELES, CA:**Edward R. Roybal Health Center**

Program Sponsor:	Los Angeles County Health Department 313 N. Figueroa Los Angeles, CA 90012
Target Populations:	Hispanics
City Demographics:	9.8% Asian/Pacific Islander, 39.9% Hispanic 0.5% Native American, and 47.2% total minority

East Los Angeles is an unincorporated area of Los Angeles. In the 1990 Census of Population and Housing there is a separate entry which lists the demographics below.

City Demographics:	1.3% Asian/Pacific Islander, 94.7% Hispanic 0.4% Native American, and 57.8% total minority
Languages:	Spanish
Year Established:	1979
Contact Person:	Hugo Almeida (213) 780-2214

Activities and Services:

The Los Angeles County Health Department addresses the needs of its non-English speaking population primarily by recruiting bilingual staff to work in facilities where the largest proportions of the community are concentrated. While the other five comprehensive and 39 public health centers have bilingual/ bicultural staff, the Edward R. Roybal Health Center has the highest degree of such staff in a local comprehensive health center. This Center provides comprehensive health services in East Los Angeles where there is a significant low income, Spanish speaking population. The services offered include primary and secondary health care in addition to lab, radiology, and pharmacy services.

MIAMI, FL:

**Foreign Student Clinic; Refugee Health
Screening Clinic**

Program Sponsor:	Dade County Health Department 1350 NW 14th Street Miami, FL 33125
Target Populations:	Refugees (Haitians, Hispanics, Vietnamese, East European, Middle Eastern)
Languages:	Creole, Spanish, Vietnamese
City Demographics:	0.6% Asian/Pacific Islander, 62.5% Hispanic 0.2 Native American, and 34.4% total minority
Year Established:	N/A
Contact Person:	Annie Neasman, RN, MS (305) 324-2400

Activities and Services:

The Foreign Student Clinic provides a school physical exam, a TB skin test, and immunizations for all new entering foreign born students. The majority of these new students are Spanish and Creole speaking. There is also a referral system for any health defects, such as dental or health problems.

The Refugee Health Screening Clinic's goal is to help the refugees become assimilated into the 'regular' health care system. This clinic provides initial screening and immunizations to approximately 4,000 students per year. Screening involves a general health assessment testing for hepatitis, tuberculosis, parasites, and diabetes. Clients are referred to physicians and dentists of their choice and have their immunizations updated by clinic staff. The Clinic is a stand alone program overseen by an administrator who reports directly to the Director of Public Health.

NEW ORLEANS, LA:**Hispanic Maternal & Child Health Clinic**

Program Sponsor:	New Orleans Department of Health Room # 8E13, City Hall New Orleans, LA 70112
Target Populations:	Hispanic and Vietnamese
Languages:	Spanish and Southeast Asian
Year Established:	N/A
Contact Person:	Oscar L. Medrano, MPH (504) 565-6900

Activities and Services:

The New Orleans Department of Health dedicated a city health clinic to address the maternal and child health needs of the Hispanic community. An Hispanic advisory board on AIDS serves the Department of Health and works with the AIDS Prevention Program. There is also a Mayor's Hispanic Advisory Committee which also advises the Department of Health on Hispanic health related issues.

NEW YORK, NY:

Cross-Cultural Affairs Office

Program Sponsor:	New York City Department of Health Office of External Affairs 125 Worth Street, Room #203F, Box 33 New York, NY 10013
Target Populations:	All Non-English Speaking Populations
Languages:	Chinese, Creole, English, French, Korean, Russian, Spanish
City Demographics:	7.0% Asian/Pacific Islander, 24.4% Hispanic 0.4% Native American, and 47.7% total minority
Year Established:	1987
Contact Person:	Stephanie Siefken (212) 788-4367

Activities and Services:

The Cross-Cultural Affairs Office (CCAO) assists the various bureaus, programs, and units of the NYC Department of Health in the delivery of health education messages and in translation/interpretation services for non-English speaking populations in New York City. The Director of the CCAO serves as the health liaison with the Mayor's office on language service issues.

CCAO participates in the development of media campaigns, public service announcements, print materials, newspaper advertisements, subway and bus posters, etc., in the language needed to reach each targeted group. CCAO has organized advisory groups which include representatives of the targeted community who are experts in grammar and cultural issues. Texts are translated from English, reviewed by advisory members, and field tested. In addition, CCAO has established working relationships with community agencies, nonprofit and/or minority organizations that work with the target group.

Translation/interpretation services are also provided by CCAO through a volunteer language bank created in response to the difficult problems that were confronting New York City residents with limited English-speaking ability. The language bank has a pool of NYC Department of Health volunteers offering their translation/interpretation services in 16 languages.

PORTLAND, OR:**Refugee Early Employment Program**

Program Sponsor:	Portland-Multnomah County Health Department 426 SW Stark Street Portland, OR 97204
Target Populations:	Refugees (Mainly Southeast Asians)
Languages:	Vietnamese, Cambodian
City Demographics:	5.3% Asian/Pacific Islander, 3.2% Hispanic 1.2% Native American, and 15.4% total minority
Year Established:	1985
Contact Person:	Jan Sinclair (503) 248-3674 Ron Spendal (503) 373-7177

Activities and Services:

The Refugee Early Employment Program (REEP) provides refugees with medical assistance, employment training, and financial assistance. REEP provides primary care to refugees through the International Health Center. Interpreters are provided along with medical transportation if deemed necessary. Those enrolled may receive a home visit if required. Health information brochures written in target population language are distributed to all refugee clients.

RALEIGH, NC:

Migrant Worker Health & Refugee Programs

Program Sponsor:	Wake County Health Department Box 949 Raleigh, NC 27602
Target Populations:	Refugees (Vietnamese, Laotians, Russians, and Ethiopians) Hispanic migrant workers
Languages:	Spanish and Southeast Asian Languages
City Demographics:	1.4% Hispanic, 2.5% Asian/Pacific Islander 0.3% Native American, and 30.8% total minority
Year Established:	1963 Migrant Program
Contact Person:	Carol Tyson (919) 250-4520

Activities and Services:

Both programs provide year round educational, therapeutic, and referral services to migrant/seasonal workers, refugees, and their families. Services are coordinated with local churches, community groups, and other human service providers. Most of the funding for these programs comes from local level. There is some minimal funding from the federal government that is appropriated by the state health department.

The Migrant Worker Health Program utilizes outreach to contact 100% of the local farms known to employ migrant workers during the migrant season. Migrants are identified and counted by the North Carolina Farmworkers Council and by the local health department. The home visit component of this program is coordinated by the local health department. The health services are delivered with the help of interpreters. The local health department manages preventive care services while the Wake Medical Center and private doctors provide acute care as needed.

The Refugee Program's intent is to reach 100% of refugees whose reports are received by Wake County Health Department from the Federal government. Health screening, physical examinations, and health education are provided to the contacted refugees.

ROANOKE, VA:**Refugee Screening Program**

Program Sponsor:	Roanoke City Health Department 515 Eighth Street, S.W. Roanoke, VA 24016
Target Populations:	Refugees (Southeast Asians and Eastern Europeans)
Languages:	Southeast Asian
City Demographics:	0.7% Asian/Pacific Islander, 0.7% Hispanic 0.2% Native American, and 25.4% total minority
Year Established:	1991
Contact Person:	Donald Stern, MD, MPH (703) 857-7600/24

Activities and Services:

The Refugee Screening Program provides comprehensive, family centered health screening in coordination with the Refugee Resettlement & Immigration Services (RRIS), which provides preclinic support services such as appointments and interpreters. Early detection is performed for such health problems as TB, parasites, precancerous conditions, pregnancy, dental, vision, and mental health.

Some outreach activity is conducted through public health nurse/interpreter teams that conduct home visits (based on results from monthly screening clinics) to read PPD skin tests and to provide on site isonizid (INH) therapy and education to positive reactors. HIV testing is also offered. Local health department staff receive cultural training from the local RRIS office. Linkages with other health care providers facilitate additional medical services, the refugee medicaid application process, and the use of lab services. The Program serves approximately 200 clients per year.

SAN FRANCISCO, CA:**Robert N. Ross Patient Education
Resource Center (PERC)***in database*

Program Sponsor:	San Francisco Department of Public Health San Francisco General Hospital 1001 Potrero Avenue San Francisco, CA 94110
Target Populations:	All non-English speaking populations
Languages:	Over 25 languages, with Spanish, Chinese and SE Asian languages accounting for the top 11 languages
City Demographics:	29.1 Asian/Pacific Islander, 13.9% Hispanic, 0.5% Native American, and 46.4% total minority
Year Established:	1983
Contact Person:	Maryann Balin (415) 206-5400

Activities and Services:

The Patient Education Resource Center (PERC) is a multilingual patient education resource center that is used by hospital nursing, social work, and medical staff, as well as by health care providers throughout San Francisco County. It houses the largest collection of multilingual health education materials in the County. Materials are available in over 25 languages with Spanish, Chinese and Southeast Asian languages accounting for the top 11 languages. There are 1,200 titles in 30 health-related subject areas. PERC also has an on-call interpreter service available to provide translation services in any language.

PERC is designed to enhance communication between the patient and the health care provider. All materials are tested and evaluated for cultural accessibility as well as for native language low-literacy patients since the majority of non-English patients at San Francisco General have indicated very low literacy levels. San Francisco General surveys patient and nursing staff to determine subject areas, language needs, and literacy levels. The hospital also conducts focus groups to evaluate the effectiveness of its resources.

SANTA CLARA, CA:

**Acute Services Hispanic/Latino Program;
Hispanic and Vietnamese Outpatient
Programs; Immigrant and Child Health
Program; Women's Health Clinic**

Program Sponsor:	Santa Clara County Department of Health 2200 Moorpark Ave. San Jose, CA 95128
Target Populations:	Hispanic and Southeast Asians
Languages:	Spanish and Vietnamese
City Demographics:	19.5 Asian/Pacific Islander, 26.6% Hispanic 0.7% Native American, and 37.2% total minority
Year Established:	N/A
Contact Persons:	Pat Gracia (408) 299-5935 Mental Health Programs Rae Wedel (408) 299-4151 Women's Health Serv. Julie Grisham (408) 299-6970 Community Health

Activities and Services:

The Acute Services Hispanic/Latino Program is a county-wide day treatment program for Spanish-speaking patients. The program assists recent Latino immigrants who suffer psychiatric problems relating to adjustment difficulties in a new culture. These particular programs originate from the mental health division and have a language assistance component within them.

The Hispanic and Vietnamese Outpatient Programs are intended to facilitate the transition of recently released hospital patients back into the community and to prevent hospitalizations when a patient is decompensating. Various community based organizations are contracted to provide additional case management/outpatient services to Hispanic and Asian groups.

The Public Health Medical Services Division provides a wide range of services, many of them serving significant non-English/minority populations. In the Central Clinic, the AIDS Education and Outreach program, and the Women's Health Services program provide their services to non-English speaking persons. In the Community Health Services Branch, the following programs handle non-English speaking clients: WIC, Immunization Assistance Program, Connection (Adolescent Family Life), Tuberculosis Control, and the Refugee, Immigrant, and Child Health Program.

SANTA ANA, CA:

AIDS Outreach and AIDS Community Education Projects; Bilingual Public Health Clinics; International Refugee Assistance Program; Multicultural/Minority Health

Program Sponsor:	Orange County Department of Health Multicultural/Minority Health Box 355 Santa Ana, CA 92702
Target Populations:	Hispanic and Southeast Asian
Languages:	Cambodian, French, Hmong, Korean, Laotian, Spanish, Vietnamese, Thai
City Demographics:	N/A
Year Established:	N/A
Contact Person:	L. Rexehling (714) 834-3155 Ester Murray (714) 834-2228 Rick Greenwood (714) 834-8122

Activities and Services:

Bilingual services are offered through all of the public health clinics operated by the Orange County Health Department since they are staffed by appropriate bilingual staff. The AIDS projects target residents of the inner cities of Orange County for AIDS education and presentations.

The International Refugee Assistance Program (IRAP) provides bilingual health educators to expedite health care access for refugees. The programs are generally presented in both English and Spanish, but use other languages as necessary when making presentations to other language specific audiences (e.g., ESL classes in Vietnamese). IRAP works with both public and private health providers to prepare multilingual health information. Additional efforts are made to provide culturally sensitive health education materials.

Special Note:

The Orange County Department of Health provides health services to the 40 other cities in the County.

SEATTLE, WA:

**Refugee Screening & Interpreter Services
Programs**

Program Sponsor:	Seattle/King County Health Department 2124 4th Avenue Seattle, WA 98121
Target Populations:	Refugees (mostly Southeast Asians and Russians)
Languages:	20 different languages
City Demographics:	11.8 Asian/Pacific Islander, 3.6% Hispanic 1.4% Native American, and 24.7% total minority
Year Established:	1980
Contact Person:	Shari Wilson (206) 296-4744

Activities and Services:

The Seattle/King County Health Department serves approximately 2,600 persons per year through the Refugee Screening program. The bulk of the bilingual health access services are coordinated through the Interpreter Services Program by providing language expertise to the overall delivery of health department services. A multilingual team provides initial health screening for newly arrived refugees. Initial health screening includes testing for communicable and other medical/dental problems. The project also provides coordination between public and private agencies to insure that patient needs are being adequately addressed.

The Interpreter Services Program is handled by a coordinator who recruits and interviews potential interpreters, administers a medical terminology test, and arranges for a 12 hour interpreter training program. The interpreters are coordinated between individual health center sites. In the Refugee Screening Program and the Interpreter Services Program, there are currently 5.5 full-time Southeast Asian Interpreters and a part-time Russian Interpreter. There are also 30+ "Extra Help Interpreters" covering 20+ languages/dialects.

ST. PETERSBURG, FL:**Refugee Screening Program**

Program Sponsor:	Pinellas County Health Unit P.O. Box 13549 St. Petersburg, FL 33733
Target Populations:	Refugees (Southeast Asian, Eastern Europe, & Ethiopia)
Languages:	Southeast Asian, Eastern European, & Ethiopian
City Demographics:	1.7 Asian/Pacific Islander, 2.6% Hispanic 0.2% Native American, and 22% total minority
Year Established:	1979
Contact Person:	Dr. Chitra Ravindra (813) 823-0401 x425

Activities and Services:

Pinellas County administers a health screening program for refugees and other non-English speakers. The program relies on a network of volunteer agencies to refer individuals and coordinate the services of former refugee volunteers to assist with transportation and interpretation.

The following services are available: primary care with follow-up care provided for chronic diseases such as internal hypertension, diabetes and asthma; family planning, and prenatal care. Referrals can be intra- or inter-agency, or to County Social Services. Health education is incorporated into all services.

TUCSON, AZ:

**"El SIDA Nos Concieme a Todos" Local
Health Clinics**

Program Sponsor:	Pima County Health Department 150 West Congress Tucson, AZ 85701
Target Populations:	Hispanics and Refugees (Koreans, Russians, and Vietnamese)
Languages:	Korean, Spanish
City Demographics:	2.2 Asian/Pacific Islander, 29.3% Hispanic 1.6% Native American, and 24.8% total minority
Year Established:	1991 AIDS Program
Contact Person:	Liz da Cunha, AIDS Program (602) 740-8315 Dr. Audrey Opulski, Health Clinics (602) 740-8631

Activities and Services:

Due to the high concentration of Hispanics and the recent influx of refugees, bilingual services are offered throughout the Pima County Health Department clinics with an emphasis on TB screening.

Bilingual AIDS education is provided through use of radio programs, an information and referral hotline, and presentations during special events and outreach. The bilingual hotline is staffed by volunteers.

Radio messages are presented in five minute segments on topics such as HIV transmission and prevention, women and HIV, antibody testing, and treatment options for people with HIV and AIDS. The radio campaign is targeted to both the urban and rural Spanish-speaking communities of southern Arizona. The campaign is sponsored through a coalition among the local health department, a local radio station, and several local community based organizations.

WEST PALM BEACH, FL:

**Palm Beach County Childhood
Immunization Coalition**

Program Sponsor:	HRS/Palm Beach County Public Health Unit P.O. Box 29 West Palm Beach, FL 33402
Target Populations:	Haitians and Hispanics
Languages:	Creole, Haitian, and Spanish
City Demographics:	0.9% Asian/Pacific Islander, 14.2% Hispanic 0.1% Native American, and 36.3% total minority
Year Established:	1991
Contact Person:	Jean Malecki (407) 355-3119

Activities and Services:

Multilingual services are coordinated by a coalition of local groups representing children's interests, health and social service agencies, and churches which provide volunteer interpreters, medical staff, transportation, and refreshments. The coalition combats low preschool immunization levels and the continued incidence of preventable illness and death in children. Outreach activities have been conducted in various areas of the county, each targeted to a high risk population and sponsored by a specific community organization.

The coalition is organized into three committees responsible for Public Health/Community Outreach (i.e., recruitment of providers and volunteers); the Resource Committee responsible for soliciting contributions; and the Media Outreach/Communications Committee which enlists local media for health education campaign activities and develops language specific public service announcements.

The local health unit supplies additional medical staff, medical supplies, records, and vaccines.

WICHITA, KS:**Refugee Screening Program**

Program Sponsor:	Wichita-Sedgwick County Department of Community Health 1900 E. Ninth Street Wichita, KS 67214
Target Populations:	Refugees (Southeast Asians & Eastern Europeans)
Languages:	Southeast Asian and Eastern European
City Demographics:	2.6% Asian/Pacific Islander, 5.0% Hispanic 1.2% Native American, and 17.7% total minority
Year Established:	1980
Contact Person:	Peggy Giesen (316) 268-8433

Activities and Services:

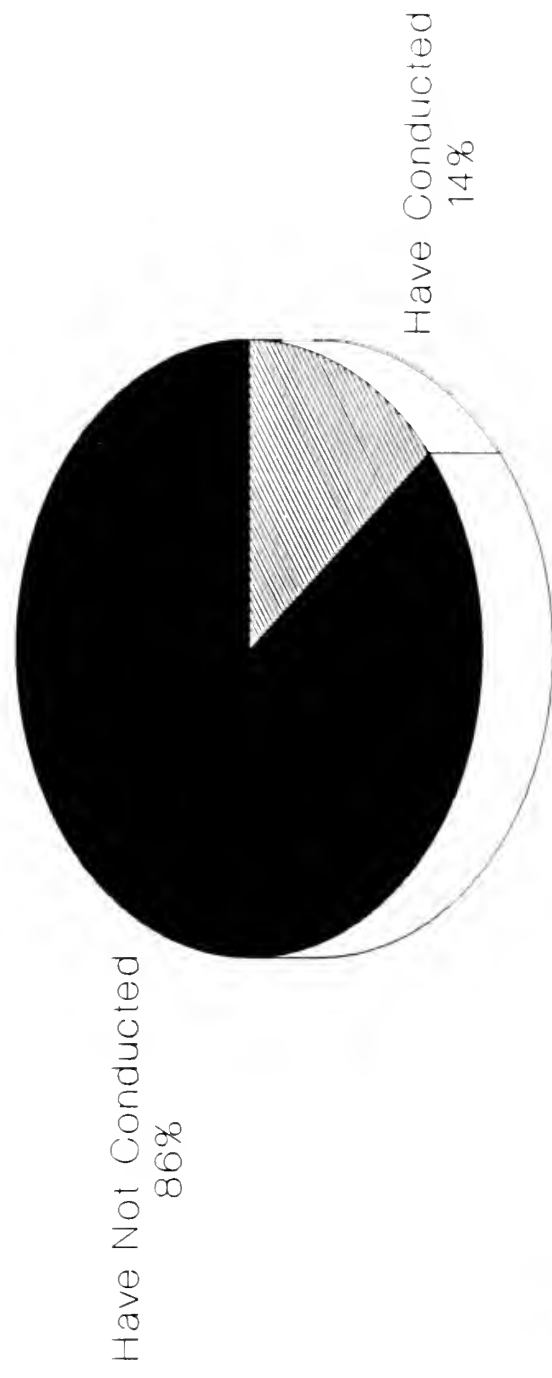
Serving approximately 300 persons, the refugee screening program of the Wichita-Sedgwick County Department of Community Health provides initial health screening services to newly arrived refugees. Refugees are contacted and scheduled for an appointment within 30 days by outreach workers. Transportation to appointments is provided as needed. The outreach staff provide interpretation and conduct follow-up. Public health nurses have access to the interpreters and conduct home visits when necessary.

The Refugee Program utilizes the medical records from resettlement camps to review previous screening of TB, Hepatitis, Internal Parasites. The program also maintains a strong referral network with local community physicians.

SELECTED SURVEY FINDINGS

CHARTS

NEEDS ASSESSMENTS CONDUCTED BY LHDs

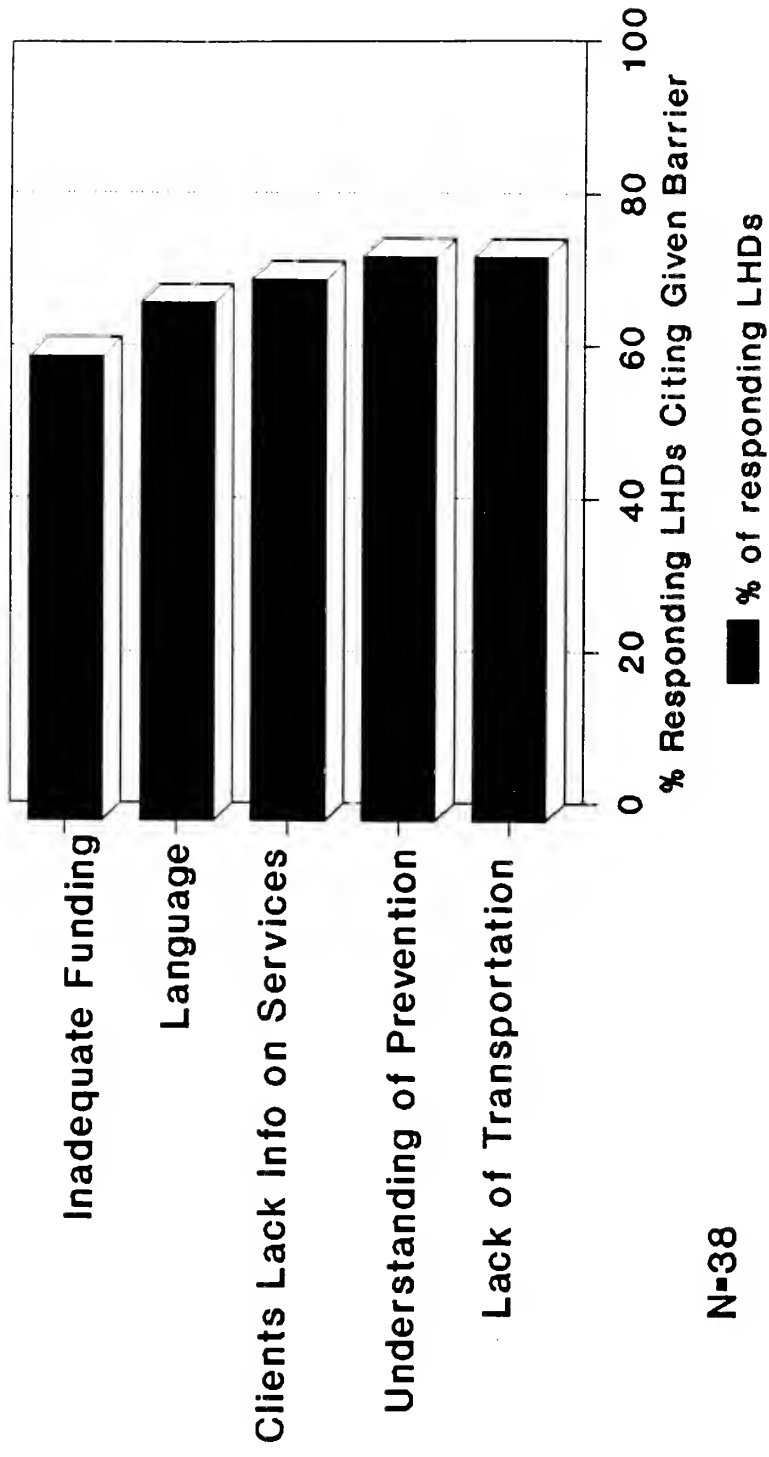


N=153

% of responding LHDs that have conducted needs assessments

PERCEIVED BARRIERS TO SERVICES

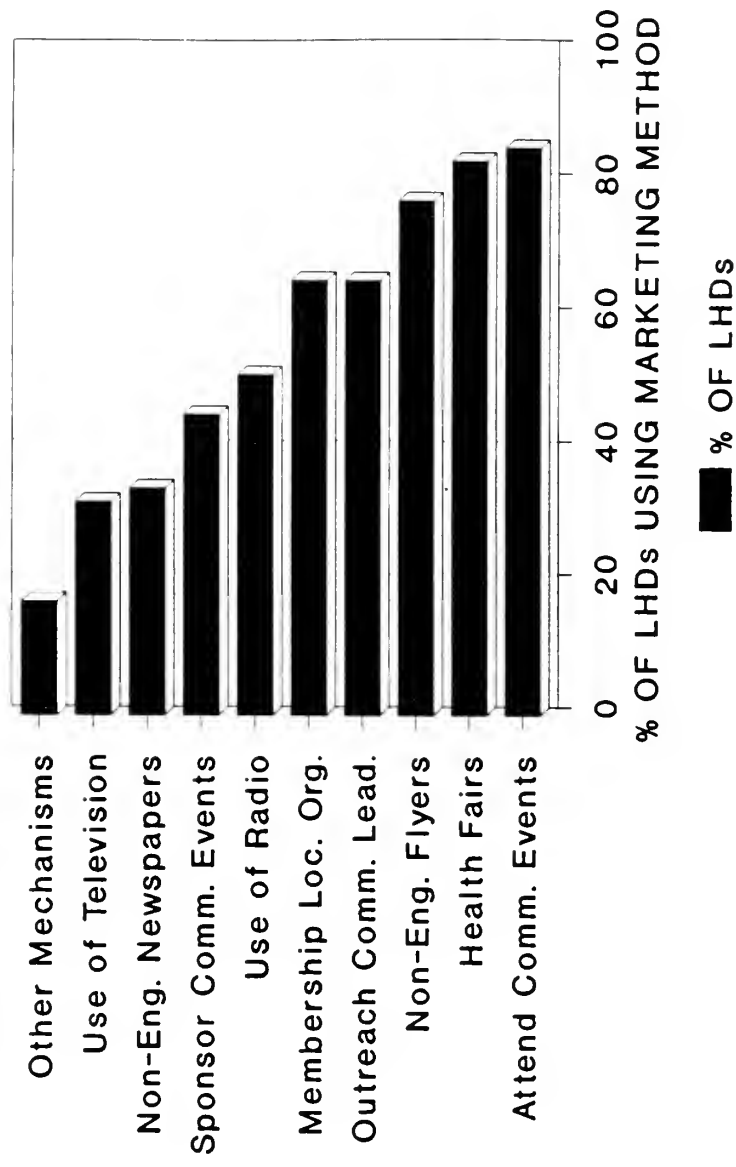
Barriers to Service



N=38

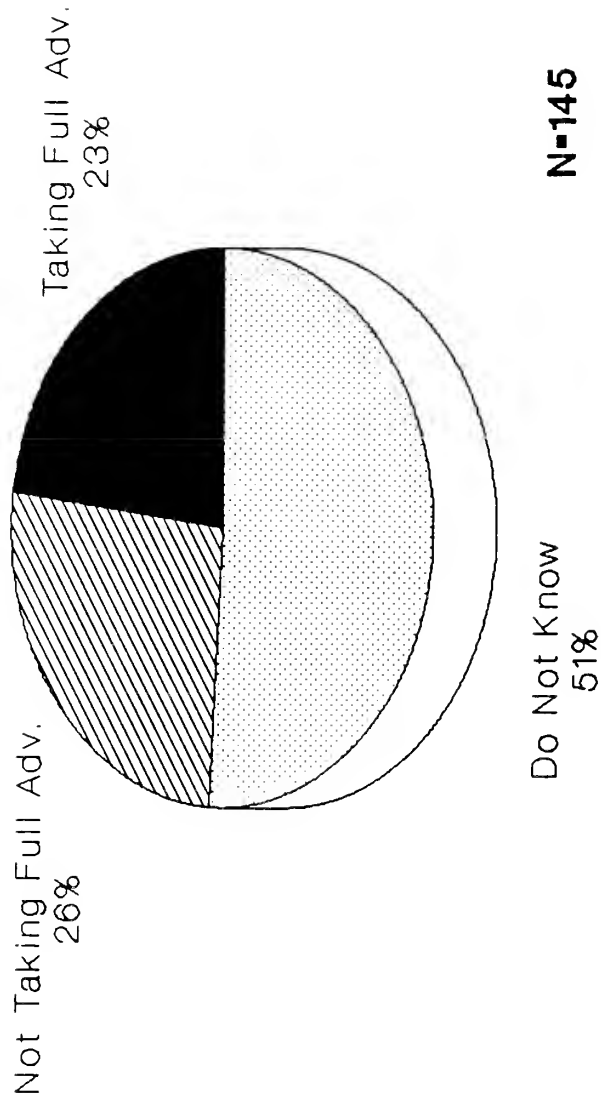
LHD MARKETING OF SERVICES

MARKETING METHODS



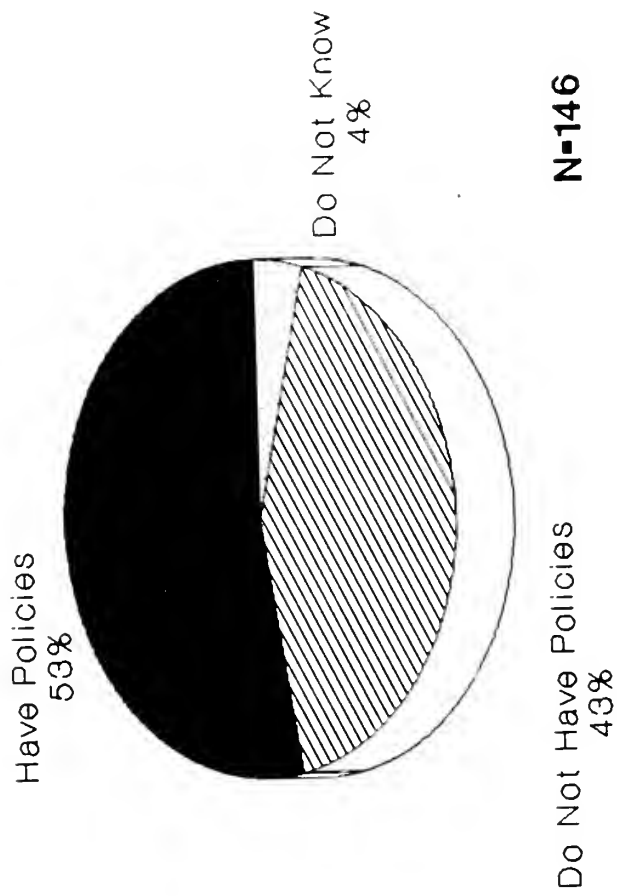
N=71

SERVICE UTILIZATION



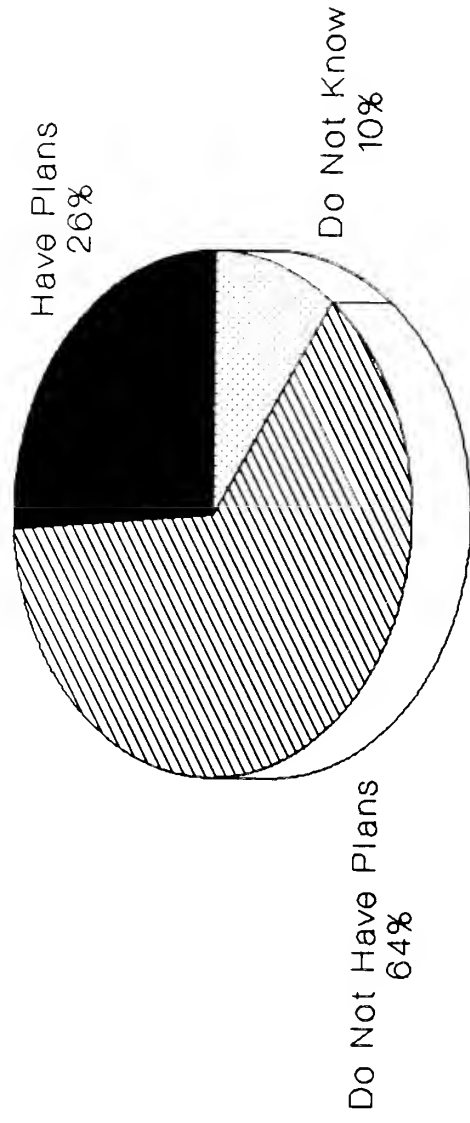
% of LHDs responding to question, "Are non-English speaking clients taking full advantage of your services?"

LHD POLICIES FOR NON-ENGLISH CLIENTS



% of LHDs responding to question, "Do you have policies and procedures to deal with clients who do not speak English?"

MULTILINGUAL STRATEGIC PLANNING



N=147

% of LHDs responding to the question, "Do you have any annual long range plans, or strategic plans with specific objectives for non-English speaking populations?"

**LOCAL HEALTH DEPARTMENT
STAFF AND CLIENT LANGUAGE UTILIZATION
CHARTS**

The following staff and client language utilization charts were extracted directly from the MHAP survey. This does not indicate the number of staff available speaking the given language.

LOCAL HEALTH DEPARTMENT: STAFF AND CLIENT LANGUAGE USE

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
Alexandria, VA	••		••	•		•	••
Allentown, PA	*						
Amarillo, TX	•						
Ann Arbor, MI	••	*	*	*			
Anchorage, AK	••						
Arlington, VA	••		••	••		•	••
Arlington Heights, IL	••						*
Asheville, NC	•					•	
Augusta, GA	*		*				
Baltimore, MD	••						•
Battle Creek, MI	*		*				*
Bel Air, MD	••						
Belmont, NY	*						
Benson, MN	••					•	
Birmingham, AL	••		•				••
Boise, ID	••						
Boston, MA	••	•	•	•		•	••
Boulder, CO	••		*	*	••	•	••
Bridgeton, NJ	••						

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
Cedar City, NJ	*	*					*
Chattanooga, TN	•						
Chesterfield, VA	*						
Clarksburg, WV							*
Clifton, NJ	••	*					*
Coeur D'Alene, IA	••						*
Columbus, OH	••						*
Corpus-Christi, TX	••						
Dallas, TX	••		*	*			*
Daytona Beach, FL	••		••			•	*
Decatur, GA	••		••	••			•
Denver, CO	••						*
Detroit, MI	•						•
Dothan, AL	*		*				
Duluth, MN					*		
Durham, NC	•					•	
El Centro, CA	••						
Englewood, CO	*						
Everett, WA	•						•
Fairfax, VA	••		••				••
Fall River, MA							•

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
Farmville, VA	••						
Flagstaff, AZ	••						••
Fonda, NY							
Fort Worth, TX	••	*	*				
Franklin, TN	*						*
Fresno, CA	••		•		••		*
Ft. Collins, CO	••	*	*	*		•	••
Ft. Lauderdale, FL	••					•	•
Ft. Myers, FL	••					••	
Ft. Walton, FL	••		*				••
Green Bay, WI	*				••		•
Greensboro, NC	••		*	*			
Greenville, SC	••		*			••	•
Hamden, CT	*						
Holland, MI	••		*	*			
Houston, TX	••		••				
Independence, MO (Jackson County)	•						
Janesville, WI						•	•
Knoxville, TN	*						

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
La Crosse, WI	*				•*		
Lawrence, KS						•	
Lebenon, VA	••						
Lewiston, ID	••						
Liberty, NY	••						*
Long Beach, CA	••		••	*			•
Los Angeles, CA	••	••	•	•			••
Louisville, KY	••	*					••
Lubbock, TX	••						••
Malden, MA							•
Manassas, VA	••						•
Memphis, TN	••		*	•	•		•
Miami, Fl	••					*	•
Milwaukee, WI	••		••		•*		••
Mineola, NY	*						*
Minneapolis, MN	•	•	••	••	••		
Mobile, Al	•		••	••			*
Monroe, MI	*						*
Morrison, IL	*						
Mt. Clemens, MI	*						*

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
Nashua, NH	••					••	••
New Bedford, MA	*						••
New Orleans, LA	••		*				
New Port Richey, FL	••	•	*				••
Odessa, TX	••						
Ogden, UT	••	*					*
Oklahoma City, OK	••		••				
Peoria, IL	••	*	*				
Phoenix, AZ	••		••				•
Pittsburgh, PA							•
Pomona, NY	••					•	••
Port Huron, MI	••						•
Portland, ME	*						
Portsmouth, VA	••						•
Pueblo, CO	•						
Racine, WI	*						
Raleigh, NC	••	*	••			•	•
Ravenna, OH	••						••
Richmond, IN	•						
Richmond, VA	••						••

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
Richmond, VA (County)	••	•	••	*			*
Rockford, IL	•		•				
Rockland, IL	•						
Rockville, MD	••	*	••	•			••
Sacramento, CA	••	•	*				••
Salem, NJ	••						••
San Antonio, TX	••						
San Benito, TX	••						
San Jose, CA	••	•	••	•			•
San Francisco, CA	••	••	••		•		•
Sanford, FL	••		*			•	•
Sarasota, FL	••	•	••			•	•
Santa Ana, CA	•						
Savannah, GA	*		••				*
Smithfield, NC	*						
Somerset, KY							
St. Joseph, MO	*						*
St. Louis, MO	••		*				••

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

Health Department	Spanish	Chinese	Vietnamese	Cambodian	Hmong	French	Other
St. Louis, MO (St. Louis County)		•	•				
St. Petersburg, FL	•		•	•		•	•
St. Paul, MN	•	•	••	*	••	•	•
Syracuse, NY	•	•					•
Temple, TX	••						••
Toms River, NJ	•					•	
Tucson, AZ	••						
Tulsa, OK	••	*	*	*			•
Tyler, TX	••						
Virginia Beach, VA	••		*	*			•
Utica, NY	*						
Washington, DC	••	••					
Waterbury, CT	••						*
West Palm Beach, FL	••						*
Wheaton, IL	*	*	*				*
Wilmington, NC	••						•
Winchester, VA	••	*	*				*
Winston-Salem, NC	••						
Woodstock, IL	*						
Youngstown, OH	••						

• Staff Language

* Client Language

Source: 1992 USCM Multilingual Health Assistance Project Survey

LHD STAFF LANGUAGE CAPABILITY: OTHER LANGUAGES

1. Alexandria:	Arabic, Egyptian, Farsi, German, Italian, Portuguese, Tagalog
2. Amarillo:	Laotian
3. Ann Arbor:	Arabic, Russian, Swahili
4. Anchorage:	Korean, Tagalog, Yupik
5. Arlington:	Laotian
6. Asheville:	American Sign, Greek
7. Augusta:	Korean
8. Baltimore:	Greek
9. Bel Air:	Sign
10. Birmingham:	Bengali
11. Boston:	Haitian Creole, Portuguese, Portuguese-Creole
12. Boulder:	Russian
13. Cedar City:	Pinte Indian
14. Chicopee:	Polish, Greek
15. Clarksburg:	Japanese
16. Clifton:	Polish, Ukrainian
17. Coeur D'Alene:	Russian
18. Columbus:	Japanese
19. Dallas:	Laotian
20. Daytona Beach:	French
21. Decatur:	Laotian
22. Denver:	Indochinese
23. Detroit:	Arabic
24. Dothan:	Japanese
25. Durham:	Swahili
26. Everett:	American Sign, Russian
27. Fairfax:	Farsi, Korean, Urdu
28. Fall River:	Polish, Portuguese
29. Flagstaff:	Navajo
30. Fort Worth:	German, Hungarian
31. Franklin:	Kurd, Russian
32. Fresno:	Laotian
33. Ft. Collins:	German, Russian
34. Ft. Lauderdale:	Creole, Greek, Romanian, Sindhi, Tagalog, Urdu
35. Ft. Myers:	Creole, Burmese, Bengali, German, Portuguese
36. Ft. Walton Beach:	Thai
37. Ft. Worth:	German, Hausa, Swahili, Yoruba
38. Green Bay:	Laotian
39. Greenville:	German, Swedish
40. Janesville:	German
41. Liberty:	Dutch, Hebrew, Portuguese, Yiddish
42. Long Beach:	Kamier, Laotian, Samoan, Tagalog
43. Los Angeles:	Armenian, Korean, Laotian, Tagalog
44. Malden:	Hebrew, Yiddish
45. Manassas:	Italian, Hindustani, Tagalog
46. Miami:	Creole
47. Milwaukee:	Laotian
48. Mineola:	Haitian, Portuguese
49. Minneapolis:	Arabic, Ethiopian, Laotian, Polish, Russian, Thai

LHD STAFF LANGUAGE CAPABILITY (CONT'D)

50. Mobile:	Laotian
51. Mt. Clemens:	Arabic, Asian/Pacific Islander
52. Nashua:	Portuguese
53. New Bedford:	Portuguese
54. New Port Richey:	Greek, Haitian
55. Ogden:	Japanese
56. Phoenix:	Navajo
57. Pittsburgh:	Polish, Russian
58. Pomona:	Creole, Yiddish
59. Portsmouth:	Tagalog
60. Raleigh:	Korean, Polish
61. Ravenna:	German, Indian, Italian, Japanese, Polish
62. Richmond:	Russian, Spanish, Tagalog
63. Rockville:	French/Creole
64. Sacramento:	Tagalog, Russian
65. Sarasota:	Czechoslovakian, German, Hungarian
66. Salem:	Korean, Tagalog
67. San Francisco:	27 different Languages
68. San Jose:	Tagalog
69. Sanford:	Farsi, Portuguese, Tagalog
70. Santa Clara:	Tagalog
71. St. Joseph:	Ukrainian
72. St. Louis:	Russian
73. St. Petersburg:	German, Laotian
74. Syracuse:	American Sign, Danish, German, Greek, Hindi, Italian, Korean, Macedonian, Polish, Russian, Serbo-Croatian, Ukrainian
75. Temple, TX:	Korean
76. Virginia Beach:	Tagalog
77. West Palm Beach:	Canjabal, Haitian Creole
78. Wheaton:	American Sign
79. Wilmington, NC:	Farsi, Italian

Appendix 3

LOCAL HEALTH DEPARTMENT SURVEY RESPONDENTS

LOCAL HEALTH DEPARTMENT SURVEY RESPONDENTS (n=155)

ALABAMA

BIRMINGHAM
DOTHAN
MOBILE

ALASKA

ANCHORAGE

ARIZONA

FLAGSTAFF
PHOENIX
TUCSON

CALIFORNIA

EL CENTRO
FRESNO
LOS ANGELES
LONG BEACH
SACRAMENTO
SAN FRANCISCO
SANTA ANA
SANTA CLARA

COLORADO

BOULDER
DENVER
ENGLEWOOD
FT. COLLINS
PUEBLO

CONNECTICUT

HAMDEN
WATERBURY

DISTRICT OF COLUMBIA

WASHINGTON

FLORIDA

DAYTONA BEACH
FT. LAUDERDALE
FT. MYERS
FORT WALTON
MIAMI
NEW PORT RICHEY
SANFORD
SARASOTA
ST. PETERSBURG
WEST PALM BEACH

GEORGIA

AUGUSTA
DECATUR
SAVANNAH

IDAHO

BOISE
COEUR D'ALENE
LEWISTON

ILLINOIS

ARLINGTON HEIGHTS
DES PLANES
MORRISON
PEORIA
ROCKFORD
ROCKLAND
SKOKIE
WHEATON
WOODSTOCK

INDIANA

RICHMOND

IOWA

IOWA CITY

KANSAS

LAWRENCE

KENTUCKY

LOUISVILLE

LOUISIANA

NEW ORLEANS

MASSACHUSETTS

BOSTON
CHICOPEE
FALL RIVER
MALDEN
NEW BEDFORD

MARYLAND

BALTIMORE
BEL AIR
LA PLATA
ROCKVILLE
TOWSON

MAINE

PORTLAND

MICHIGAN

BATTLE CREEK
DETROIT
FLINT
MONROE
MT. PLEASANT
NEGAUNEE
PORT HURON
HOLLAND
ANN ARBOR
MT. CLEMENS

MINNESOTA

BENSON
DULUTH
MINNEAPOLIS
ST. PAUL

RESPONDENTS (CONT'D)

MISSOURI

INDEPENDENCE (COUNTY)
HILLSBORO
ST. JOSEPH
ST. LOUIS (CITY)
ST. LOUIS (COUNTY)

MONTANA

KALISPELL

NORTH CAROLINA

ASHEVILLE
GREENSBORO
DURHAM
RALEIGH
SMITHFIELD
WILMINGTON
WINSTON-SALEM

NEBRASKA

OMAHA

NEW HAMPSHIRE

NASHUA

NEW JERSEY

BRIDGETON
CLIFTON
SALEM
TOMS RIVER
VINELAND

NEW YORK

BELMONT
FONDA
HAWTHORNE
ITHACA
LIBERTY
MINEOLA
NEW YORK
POMONA
SYRACUSE
UTICA

OHIO

COLUMBUS
DELEWARE
RAVENNA
YOUNGSTOWN

OKLAHOMA

OKLAHOMA CITY
TULSA

PENNSYLVANIA

ALLENTOWN
PITTSBURGH

SOUTH CAROLINA

GREENVILLE

TENNESSEE

CHATTANOOGA
FRANKLIN
KNOXVILLE
MEMPHIS

TEXAS

AMARILLO
CORPUS-CHRISTI
DALLAS
FORT WORTH
HOUSTON
LUBBOCK
ODESSA
SAN ANTONIO
SAN BENITO
TEMPLE
TYLER

UTAH

OGDEN

VIRGINIA

ALEXANDRIA
ARLINGTON
CHESTERVILLE
FARMVILLE
FAIRFAX
LEBANON
MANASSAS
PORTSMOUTH
RICHMOND (CITY)
RICHMOND (COUNTY)
ROANOKE
SUFFOLK
VIRGINIA BEACH
WINCHESTER

WEST VIRGINIA

CLARKBURG
HUNTINGTON

WASHINGTON

EVERETT

WISCONSIN

GREEN BAY
JANESVILLE
LA CROSSE
MILWAUKEE
RACINE

The Multilingual Health Assistance Project

The inability to understand and communicate with health care providers often prevents many non-English speaking people living in this country from accessing needed health care services. Although some local health agencies have made efforts to provide linguistically appropriate services, these efforts are often sporadic and limited, whereas in other communities -- some with significantly large non-English speaking populations--these services are nonexistent. A new component of USCLHO's Minority Health Initiative is the Multilingual Health Assistance Project (MHAP), funded under a cooperative agreement with the Office of Minority Health (OMH) and HRSA/BHCDA/DSPPD. MHAP raises issues relating to linguistic barriers in health care and provides local health departments with information to encourage and facilitate local initiatives aimed at expanding health care access for non-English speakers.

USCLHO works with a National Advisory Group comprised of local health officers and representatives of national organizations which represent the interests of non-English speaking populations. The advisory group provides general guidance and advice to the project and helps develop recommendations on how local health systems can be more responsive to the health care access needs of non-English speaking populations.

National Advisory Group

Delia Alvarez
Director of Public Health
County of Santa Clara
San Jose, CA

Shari Wilson
Coordinator
Refugee Health Services
Seattle-King County, WA

Adela Gonzalez
Director
Dept. of Health & Human Serv.
Dallas, TX

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Dade County Health Dept.
Miami, FL

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Dept. of Health & Hosp.
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Detroit Health Dept.
Detroit, MI

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Assoc. of Asian/Pacific
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Oakland, CA

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Office of the Mayor
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Steven Uranga-McKane, DMD, MPH
Kellogg Foundation
Battle Creek, MI

Guadalupe Olivas, PhD
Health Director
Pima County Health Department
Tucson, AZ

Loren Ellery
Project Director
American Indian Health
Care Association
St. Paul, MN

USCLHO Minority Health Initiative

Minority health disparities are most dramatically evident in the nation's urban areas, disproportionately affecting African Americans, Latinos/Hispanics, Asian-Pacific Islanders, and Native Americans. In an effort to promote the development of effective health programs addressing minority health, the U.S. Conference of Local Health Officers (USCLHO) established its Minority Health Initiative Project in October 1990, through a cooperative agreement with the Health Resources and Services Administration (HRSA), Bureau of Health Care Delivery and Assistance (BHCDA)/Division of Special Populations Program Development (DSPPD). The program is designed to facilitate information and technology exchange among local health departments on effective programs, thereby encouraging the problem-solving capabilities of local communities to address minority health-related concerns.



*The United States Conference of Mayors
The United States Conference of Local Health Officers
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